

STUDENT STIPEND APPLICATION

Southeastern Association of Fish & Wildlife Agencies
Minorities in Natural Resources Committee
Annual Conference
P.O. Box 180
Jefferson City, MO 65102

<http://mdc.mo.gov/seafwa/seafwa/seafminr.htm>

Application for Consideration

Please Print or Type		Classification:		Overall GPA:	
Date	_____	Major/Minor:		Race:	
Name	Mr. _____				
	Ms. _____				
	Mrs. Last _____	First _____	Middle _____		
Student Address					
Street, HCR Route Number		City	State	Zip	County
Home Phone	() _____	Work Phone	() _____		
E-Mail Address _____					
School Name & Address					
Street, HCR Route Number		City	State	Zip	County
Please attach a copy of your most recent transcripts and secure the recommendations of two responsible people at your university_-- one must be your college advisor and the other a faculty member.					
Please Tell Us Why You Desire This Stipend					

Last Name:

First Name

STUDENT ADVISOR'S RECOMMENDATION

This student, _____, has applied for the Minorities in Natural Resources Committee's (MINRC) of the Southeastern Association of Fish & Wildlife Agencies (SEAFWA) stipend.

I hereby certify that I have read the foregoing application and answers to questions therein. To the best of my knowledge, the applicant has made correct statements. When recommending this student, please consider his or her interest and/or academic career in natural resource management and related fields.

Advisor's Name and Title: _____
(please print or type)

School Name and Address: _____

Phone: _____

Email: _____

I believe this student would benefit from the stipend because: _____

(Signature)

(Date)

FAULTY MEMBER'S RECOMMENDATION

This student, _____, has applied for the Minorities in Natural Resources Committee's (MINRC) of the Southeastern Association of Fish & Wildlife Agencies (SEAFWA) stipend.

I hereby certify that I have read the foregoing application and answers to questions therein. To the best of my knowledge, the applicant has made correct statements. When recommending this student, please consider his or her interest and/or academic career in natural resource management and related fields.

Faculty's Name and Title: _____
(please print or type)

School Name and Address: _____

Phone: _____

Email: _____

I believe this student would benefit from the stipend because: _____

(Signature)

(Date)

RELEASE AND EMERGENCY CONTACT FORM

Student's Name: _____ DOB _____

I give permission for the Minorities in Natural Resources Committee (MINRC) to release my Stipend Application, including my transcripts and any attachments, to their members and donors who donated money to send students to the Southeastern Association of Fish & Wildlife Conference. This information is for the purpose of informing them of my background so they can determine my eligibility to receive the stipend and my potential eligibility for employment. The information will not be used for any other purpose.

In the event of an emergency, I give any Minorities in Natural Resources Committee member permission to contact the following relative/guardian/friend/advisor:

Name: _____ Phone: _____

Relationship to student: _____

(Signature)

(Date)